


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J79779 1. Entity Name UNITED MECHANICAL, INC.	
----------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6441-2 METRO-PLANTATION RD FT MYERS, FL 33912 US	Mailing Address 6441-2 METRO-PLANTATION RD FT MYERS, FL 33912 US
------------------------------------------------------------------------------------	------------------------------------------------------------------------



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2828859	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CLARK, MICHAEL A 6441-2 METRO-PLANTATION RD FT MYERS, FL 33912
-----------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CLARK, MICHAEL A 6441-2 METRO-PLANTATION RD FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCARTHUR, DAVID E. 933 SIRUS TRAIL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000350848  
05/02/05-80122-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a duly authorized officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 239-939-4502  
Date Daytime Phone #